

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 581490

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	1					
6	1					
7	1					
8	1					
9	2					
10	2					
11	0					
12	0					
13	0					
14	1					
15	1					
16						
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TOTAL IND.	2		2		2	
TOTAL DEP.	18	←	18	←	18	←
TOTAL CLAIMS	20	████████	20	████████	20	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2	2	2	
TOTAL DEP.		←	2	2	2	←
TOTAL CLAIMS		████████	2	2	2	████████